

State of California

Department of Insurance

**AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER**

CDI EFT 93-01 (Rev 03/2003)

**(Instructions on Reverse Side)**

Check appropriate box and complete applicable sections below:

☐ New EFT Account   
 ☐ Change reporting method   
 ☐ Change bank account   
 ☐ Change contact person, phone number, or address
**SECTION I**

<b>EFT Tin #</b>							
Taxpayer name							CDI Identification Number
Taxpayer Address							
City				State		Zip Code	
Doing Business As							
EFT Contact Person		Phone Number		Fax Number		E-mail Address	

COMPLETE SECTION II OR III BELOW:

**SECTION II**☐ ACH Debit

The California Department of Insurance is hereby authorized to process debit entries to the bank account identified below upon initiation by the above-named taxpayer. This authority is to remain in full force until EFT payments are no longer required by statute or, until the Department of Insurance and I mutually agree to terminate my participation in the EFT program.

Bank Name			
Bank Account Number (not to exceed 17 digits)	Bank Transit and Routing Number		Type of Account Checking <input type="checkbox"/> Savings <input type="checkbox"/>
Method of Communication (Check One): <input type="checkbox"/> Telephone/Voice <input type="checkbox"/> Telephone/Touch Tone <input type="checkbox"/> Personal Computer			

**IMPORTANT:** If you have selected the ACH Debit option, you must attach a voided check for the account to be debited. Your voided check will verify bank account, transit and routing numbers.

**SECTION III**☐ ACH Credit

The California Department of Insurance is hereby requested to grant authority for the above named taxpayer to initiate ACH credit transactions to the California Department of Insurance's bank account. These payments must be in the NACHA CCD + format using the Tax Payment Convention (TXP) and may only be initiated for the EFT tax payments to the California Department of Insurance provided for by statute.

The person named below is authorized to sign and handle any EFT transactions.

Authorized Signature	Print Name	Title	Date
----------------------	------------	-------	------

Please mail or fax completed form to:  
**California Department of Insurance**  
**Attn: Tax Accounting/EFT**  
**300 Capitol Mall, Suite 1400, Sacramento CA 95814**

Phone Number: (916) 492-3288

Fax Number: (916) 322-1941

E-mail: [eft@insurance.ca.gov](mailto:eft@insurance.ca.gov)

**INSTRUCTIONS FOR COMPLETING THE EFT AUTHORIZATION AGREEMENT FORM**CDI EFT 93-01 (Rev 03/2003)

---

---

**GENERAL**

Type or print clearly. Return to Tax Accounting/EFT, California Department of Insurance at 300 Capitol Mall, Suite 1400, Sacramento, CA 95814. Retain a copy for your file before mailing.

**SECTION I**

Complete this section for any type of transaction. For change of address, complete Section I only and sign.

1. The EFT Tin # is assigned when your EFT account is established. The Department of Insurance will notify you by letter when your EFT Tin Number is assigned.
2. The CDI Identification Number is your California Department of Insurance assigned permanent number or the Surplus Line Broker license number.

**SECTIONS II AND III**

Complete Section II if you select to make payments using the ACH Debit method. Complete Section III if you will make payments using the ACH Credit method. COMPLETE ONE OF THESE SECTIONS, NOT BOTH.

If the ACH Debit method is chosen, a voided check must be attached to the completed authorization agreement. Your voided check will verify the bank account and transit routing numbers.

**IMPORTANT INFORMATION**

Participation in the Electronic Funds Transfer program shall be for a minimum of one year.

You will receive a confirmation letter from the California Department of Insurance (CDI) upon approval of this agreement. You must make a written request and be approved by CDI to be removed from the Electronic Funds Transfer program. For the request to be approved you must have participated in the EFT program for a minimum of one year and your annual tax liability must be less than \$20,000.

If you have any questions about the Authorization Agreement or the Electronic Funds Transfer program, please contact the California Department of Insurance's Tax Accounting/EFT Desk at (916) 492-3288, or e-mail at [eft@insurance.ca.gov](mailto:eft@insurance.ca.gov).